

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ): <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">Write your <b>name</b> here</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">Write your <b>address</b> here</div>	TELEPHONE AND FAX NOS.:	<div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">Write your <b>phone number</b> here</div>
ATTORNEY FOR ( <i>Name</i> ): <b><i>In Pro Per</i></b>		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> MAILING ADDRESS: 400 McAllister Street STREET ADDRESS: Probate Department, Room 103 CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME:		
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF ( <i>Name</i> ): <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">Write <b>child's full name</b> here</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> MINOR    <input type="checkbox"/> CONSERVATEE       </div>		
<b>NOTICE OF HEARING</b>		CASE NUMBER: <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">Write your <b>case number</b> here</div>

**This notice is required by law. This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*): 

Write your **name** here

  
 (*representative capacity, if any*):  
 has filed (*specify*): **Petition for Appointment of Guardianship of Minor**
  
2. You may refer to the filed documents for further particulars. (*All of the case documents filed with the court are available for examination in the case file kept by the court clerk.*)
  
3. The petition includes an application for the independent exercise of powers under of the Probate Code section 2590. Powers requested are ☐ specified below ☐ specified in Attachment 3
  
4. A HEARING on the matter will be held as follows:
 

a. Date	Time:	<input type="checkbox"/> Dept.: <b>Probate</b>	<input type="checkbox"/> Room: <b>Room 204</b>
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 b. Address of court ☐ same as noted above ☐ is (*specify*):

(Continued on reverse)

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP    OF (Name):	CASE NUMBER:
<div style="border: 2px solid black; padding: 5px; display: inline-block; width: 80%;">         Write <b>child's full name</b> here       </div> <div style="display: inline-block; width: 15%; text-align: center;"> <input type="checkbox"/> MINOR    <input type="checkbox"/> CONSERVATEE       </div>	<div style="border: 2px solid black; padding: 5px; display: inline-block; width: 90%;">         Write your <b>case number</b> here       </div>

You **must** give *personal* notice (not mailed notice) to parents unless the court gives you permission not to.

1. I certify that I am not a party to this
2. A copy of the foregoing *Notice of Hearing - Guardianship or Conservatorship*
  - a. was posted at (address):
  - b. was posted on (date):

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

### PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify): 

Write address of adult who will mail this form here.

3. I served the form in an envelope addressed to:
    - a. ☒ drop
    - b. ☒ place

The adult who mails the forms must fill out **3, 4 and 5.**

**Remember:** Someone - **not you** - must mail notices and sign and date.

atorship on each person named below by enclosing a copy in an

Postal Service with the postage fully prepaid.

the date and at the place shown in item 4 following our ordinary business' practice for collecting and processing correspondence placed for collection and mailing, it is deposited in the ordinary service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: \_\_\_\_\_ b. Place mailed (city, state): \_\_\_\_\_
5. ☐ I served with the *Notice of Hearing Guardianship or Conservatorship* a copy of the petition or other document referred to in the notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

.....

(TYPE OR PRINT NAME)

\_\_\_\_\_

SIGNATURE OF DECLARANT)

### NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Write the name and address of every close family member of the child (grandparents, sisters, brothers) and agency that you mailed notice to.

**Remember:** You must also mail notice to DHS. And if you are not related to the child, also mail notice to DSS.

You must give *personal* notice - not *mailed* notice - to the parents unless the Court gives you permission.

Check here if you use another page to write more names and addresses.

☐ List of names and addresses continued on attachment.